

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214522523			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: UTICA MUTUAL INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MATTHEW J LUPINO 1100 BOULDERS PARKWAY SUITE 300 PO BOX 13560 RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NY </div> <div style="width: 35%;"> DUE DATE: 4/30/2014 SCC ID NO: F0048373 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 180 GENESEE ST CITY/ST/ZIP: NEW HARTFORD, NY 13413 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J DOUGLAS ROBINSON TITLE: CEO/CHAIRMAN ADDRESS: 180 GENESEE STREET CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: J DOUGLAS ROBINSON TITLE: CEO/CHAIRMAN ADDRESS: 180 GENESEE STREET CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL HAGSTROM DIRECTOR 7146 COLLGE HILL RD CLINTON, NY 13323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY M HARDEN DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZELDA J HOLCOMB, PH.D DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS O MATT DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN J POPE, SR DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY R REED DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA E ROMANO DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC K SCHOLL DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER JOSEPH O DIRECTOR 180 Genesee Street New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KRISTEN H MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTEN H MARTIN, EVP & SECRETARY PRINTED NAME AND CORPORATE TITLE	4/29/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			